

**LICENSED CLINICAL SOCIAL WORKER
REQUEST FOR EXAMINATION/RE-EXAMINATION**

1800 37A-299 (REV. 12/05)

TYPE OF EXAM REQUESTED:☐ **WRITTEN - \$100.00**☐ **WRITTEN CLINICAL VIGNETTE- \$100.00***For Office Use Only:*Cashiering No.
_____**APPROPRIATE FEE MUST ACCOMPANY THIS FORM** *Make check payable to - Behavioral Sciences Fund*
(Applications received without the fee will be returned unprocessed.)

*SOCIAL SECURITY NUMBER

BBS FILE NUMBER

**LEGAL NAME:

Last

First

Middle

Maiden name and any other AKA

***ADDRESS OF RECORD: Number and Street

City

State

Zip Code

IS THIS A NEW ADDRESS?

YES ☐NO ☐*If YES, we will update our records accordingly.*

BUSINESS TELEPHONE

RESIDENCE TELEPHONE

SINCE YOU FILED YOUR LAST APPLICATION:

- HAVE YOU BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY?
(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th birthday or any traffic violations for which a fine of \$500 or less was imposed). **YES** ☐ **NO** ☐

If YES, attach your explanation and related documents.

- HAVE YOU BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, or HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY? **YES** ☐ **NO** ☐

If YES, attach your explanation and related documents.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet with all the criteria stated therein and the information submitted on this form is true and correct. Applicants are advised that any and all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.

Date_____
Signature of Applicant

*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number.

**Business and Professions Code section 4982(b) gives the board the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board.

***The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new address. Changes of address MUST be received in writing.

PLEASE NOTE:

- A. **ABANDONMENT OF LICENSURE APPLICATION.** California Code of Regulations, Title 16, Section 1806(c) provides that, "An application shall be deemed abandoned if the applicant fails to sit for examination within one (1) year after being notified of eligibility. Thereafter, the applicant shall not be eligible for further examination unless a new application is filed, meeting all requirements, and required fees are paid."
- B. **FEE.** Submit a check or money order made payable to the Behavioral Sciences Fund. **Examination fees are not refundable.**
- C. **TESTING ACCOMMODATIONS.**

Examination sites are physically accessible to individuals with disabilities. The Board provides qualified applicants with testing accommodations as described below.

All requests for accommodation must be received 90 days prior to SCHEDULING an examination. The Board will not provide accommodations at the examination site without prior approval.

The Board recognizes its responsibilities under the Federal Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for applicants who can substantiate the need for accommodation due to a physical or mental disability or a qualified medical condition. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

Candidates whose primary language is not English may also qualify for accommodations.

Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation of Disabilities" package. Contact the Board office to have the forms mailed or download the package at www.bbs.ca.gov.

The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board.

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.